

CERTIFICATE OF SERVICE

I, Gini L. Downing (name), certify that service of this summons and a copy of the complaint was made February 4, 2022 (date) by:

Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:

SPS-Ironshore Pharma

Attn: Nilay Patel, General Counsel

15 Ingram Blvd.

La Vergne, TN 37086

Ironshore Pharmaceuticals Inc.

430 Davis Dr. Suite 250

Durham NC 27560

Certified Mail Service: By sending the process by certified mail addressed to the following entities/officers/registered agents of the defendant at:

Ironshore Pharmaceuticals, Inc.

SPS-Ironshore Pharma

Attn: Nilay Patel, General Counsel

15 Ingram Boulevard

La Vergne, TN 37086

Ironshore Pharmaceuticals, Inc.

Attn: William S. Evangelista, President/COO

2370 State Road 70 West

Suite 309

Cherry Hill, NJ 08002

The Corporation Trust Company,

R/A for Ironshore Pharmaceuticals, Inc.

Corporation Trust Center

1209 Orange Street

Wilmington, DE 19801

I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.

Under penalty of perjury, I declare that the foregoing is true and correct.

Date February 4, 2022 Signature /s/ Gini L. Downing

Print Name:

Gini L. Downing

Pachulski Stang Ziehl & Jones LLP

10100 Santa Monica Blvd.

13th Floor

Los Angeles, CA 90067

Business Address:

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

The Corporation Trust Company,
R/A for Ironshore Pharmaceuticals, Inc.
Corporation Trust Center
1209 Orange Street
Wilmington, DE 19801



9590 9402 3367 7227 2827 39

2. Article Number (Transfer from service label)

7017 2400 0000 3936 6572

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY**A. Signature****X**

Agent
 Addressee

B. Received by (Printed Name)**C. Date of Delivery**

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

FEB 08 2022

CT CORPORATION

3. Service Type

Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ironshore Pharmaceuticals, Inc.
SPS-Ironshore Pharma
Attn: Nilay Patel, General Counsel
15 Ingram Boulevard
La Vergne, TN 37086



9590 9402 3367 7227 2827 15

2. Article Number (Transfer from service label)

7017 2400 0000 3936 6558

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY**A. Signature****X** M. H. Patel

Agent
 Addressee

B. Received by (Printed Name)

M. H. Patel

C. Date of Delivery

2/7/22

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Domestic Return Receipt